

Health Care Consumers' Association of the ACT

Submission to ACT Government on  
Health Spending Priorities  
for the 2008/09 ACT Budget

September 2007

## ABOUT HCCA

The Health Care Consumers' Association of the ACT (HCCA), incorporated in 1978, is the principal health consumer advocacy organisation in the ACT. It has supported and developed health consumer perspectives and policy in the ACT for over 25 years. HCCA is a body through which health care consumers can participate in policy, planning and service decisions that affect their health. HCCA works to improve the quality and availability of health services, supports consumers to identify shared priorities about health, and represents these views to the ACT Government.

The organisation is now the lead organisation in the ACT advocating for the inclusion of consumers on health boards and planning structures. It has grown from a small group to a substantial organisation contributing a consumer perspective across the ACT health system.

HCCA involves consumers through:

- consumer representation
- consumer consultation
- community forums
- health information sessions about health services
- regular HCCA communications

## CONTACT DETAILS

Phone: 02 6290 1660  
Fax: 02 6290-1662  
Mail: PO Box 717 Mawson ACT 2606  
E-mail: [hcca@hcca.org.au](mailto:hcca@hcca.org.au)  
WWW: <http://www.hcca.org.au>  
Location: Pearce Community Centre  
Building 1, 3 Collett Place  
Pearce ACT

Executive Director: Fiona Moore  
Policy Officer: Steph Louise  
Administration Officer: Sandra Corey

---

## PRIORITY AREAS FOR HEALTH SPENDING

HCCA has identified priorities under the following five headings for consideration in framing the ACT's 2008/09 budget to improve health outcomes for consumers through:

- Primary Health Care
- Aged and Palliative Care
- Mental Health Services
- Supportive Care Programs
- Community infrastructure

### 1. Primary Health Care Funding

It is reported that primary health care makes up between 30-40% of all health expenditure<sup>1</sup>. Primary health care within this equation includes general practice, allied health and all nursing services and community health services that are traditionally funded by State and Territory Governments and the NGOs. However, the figure of 30-40% as stated above is an estimate, and the reasons for the lack of comprehensive figures is the complex mix of Commonwealth and State/Territory and private and public funding arrangements. There is a strong tendency for cost shifting between various levels of Government to occur which then results in a 'blame game' over responsibilities of short falls that occur in the health system. The resulting lack of responsibility can adversely impact on health care consumers who then must reconcile their experiences within an often adversarial (and increasingly litigious) and confusing health system.

Considering the primacy of primary health care in the 'big picture' of overall health services, HCCA recommends that a large injection of funds be implemented at various levels of primary health care to alleviate chronic conditions and cut down on the number of people ultimately requiring acute care. Funding primary health will be cost affective as preventative measures will have short and long term population health benefits, thereby saving resources for the high end of health services.

---

<sup>1</sup> Harris, E. & Zwi, A. (2007). Access to primary health. UNSW Centre for Primary Health Care and Equity [Internet site]. <http://notes.med.unsw.edu.au/cphceweb.nsf/page/AccessPHCHeron>

The most comprehensive savings will occur if hospital services are utilised less or more efficiently, to the extent of obviating the perceived need of another costly hospital in the ACT. Primary health care initiatives should be further developed and built upon to prevent health care consumers requiring acute care.

The recommended services include:-

- Pre-admission planning sessions at home to ensure people are able to properly care for themselves and cope in their convalescence
- Discharge planning to allow patients to convalesce at home with adequate support
- Step down facilities, day surgery and rehabilitation services
- Technology and equipment research and investment [contact Marion to discuss details here]
- Advanced chronic disease management to prevent acute episodes and improve quality of life
- The concept of GP super clinics is supported if they enhance primary health care and offer a range of services that are accessible and affordable

Allied health staff and services need to be expanded to facilitate appropriate pre-admission planning and discharge planning. This would require increases to co-payments for community care services. There also needs to be scholarships in health professional training, particularly where there are personnel shortages impacting more on the ACT than in other States, such as GPs, allied health carers, registered nurses and personal care staff. Tertiary institutions located in Canberra such as ANU, UC and CIT are ideally placed to provide these teaching facilities.

There is also a need to continually train people in health related cross disciplinary planning and so more money should be allocated towards tertiary level scholarships, especially relating to interdisciplinary health care, health systems and economics.

## 2. Aged and Palliative Care Services

Complex case support for health care consumers is increasing, including those classified in the 'aged' cohort. There is a reported significant increase in the number of patient bed days in ACT hospitals taken up by the elderly who could be classified as nursing home candidates<sup>2</sup>. Exacerbating the care of the elderly is a disparity in wages between

---

<sup>2</sup> ACT Public Services Performance Report, Quarter 3, 2006-7.

health workers, which is particularly glaring in nursing salaries. For instance, aged care nursing tends to be at the lower end of the remuneration spectrum. The large 'baby boomer' contingent has begun to reach retirement and so this disparity in wages will create further shortages in a profession already beset with recruiting sparsity.

Several areas of health care for the aged need special attention,

- Short acute episodes facilities requiring care and observation need implementation - Medical assessment patient unit (MAPU) has commenced (but not admissions as yet)
- Temporary aged care arrangements needed pending Commonwealth funded beds coming on stream (some people take/need a longer time to recover)
- There is a major shortage of advanced care for dementia sufferers and respite facilities for their (often unpaid) carers
- The lack of transition beds for those convalescing from hospital will not be satisfactorily replaced with increased HACC packages introduced by the Federal Government

Two areas of palliative care that need government backing are the hospice and respite health care services. A priority is that a second hospice site needs to be determined, preferably located to service the 'southern' population.

Home hospice support, in conjunction with hospital based hospice care would advance consumer choice over end of life decisions. The same support for respite care is needed, requiring more beds and respite for home based carers. Increased practical 'hands on' staff and training for health carers is required to allow this potentially devastating period for a person, and those close to them, to be as comfortable as possible. Aged care advisory council scholarships would be a beginning to professional training in this growing specialist field.

### **3. Mental Health and Psychiatric Services**

Mental health problems are compounded by social sanctions and discrimination. There is considerably more social empathy for those who suffer overt physical complaints than for those whose ill health is not pathogen based or anatomically obvious. Recent preventative health

campaigns such as Beyond Blue have impacted positively on this public bias, but further proactive preventative and early intervention measures are needed. The full extent of the problems that spiral from mental illness tends to be hidden. There are strong associations between mental health problems and drug and alcohol abuse and potential illegal activity. The level of responsive care multiplies, and many current strategies don't cater for complex multi tiered health support required from different service providers.

The 2007-8 Budget provided over \$12 million (over 4 years) for mental health initiatives. While this is a welcome injection of funds in to the traditionally deprived area of mental health, the bulk of the funds tend to be focussed on the crisis and acute ends of the mental health spectrum. Mental health requires funding for responding to preventive and early intervention techniques, and HCCA recommends that,

- The Mental Health Services Plan has not been implemented as yet, and this needs rectifying.
- The new 40-bed psychiatric inpatient facility needs adequate ongoing funding.

#### 4. Supportive Care Programs

##### *HACC*

HCCA welcomes the increase in the Commonwealth's contribution (8.3%) to its share of HACC services in its last budget, but this tends to maintain the ever-increasing demand on services rather than expand the quality and extent of the services. There is confusion around the interface of community care between the Commonwealth and ACT Governments. Administration of HACC is inconsistent between jurisdictions. It was noted at one consumer forum that access to HACC services sometimes precludes health consumers from some other beneficial programs (a form of 'welfare means testing'). For example, if a health consumer has psychological and physical problems, and they wish to stay in their own home, HACC services alone are often inadequate, but residential care may also be unsuitable. Such is the complexity of working out individual health entitlements, HCCA recommends the introduction of a centralised 'advice bureau' that can facilitate service accessibility of HACC entitlements, and the impact this will have if a health consumers circumstances change. Consumers need personal advocacy in this context that may not be available in their own family.

### *Individual advocacy support for consumers*

The Health Complaints Commission is the primary Government mechanism through which health consumers can make a formal complaint regarding adverse health processes and outcomes. The Commissioner's office is currently under resourced, and unable to support the resolution of individual grievances about unsatisfactory outcomes from interactions with agencies within the ACT Health system. At present there is an acting Commissioner and additional funds and recruitment action are required to adequately service this pressing need.

### *Dental Health*

The Dental Health Program is focussed at the emergency end of services and preventative oral health is not well catered for. Dental health is fundamental to overall good health. There must be an adequate injection of funds to overcome gaps between privately funded health consumers and the socially disadvantaged, particularly those in the aged category who use approximately 40% of the limited subsidised dental services. Information from ACTCOSS indicates that the last increase resulted in waiting lists for publicly funded dental services to drop from 15 months to 12 months. This is inadequate primary health care policy that will ultimately cost the Government more in acute care services when people's immune systems are weakened.

### *Interstate Patient Travel Assistance Scheme (IPTAS)*

This program requires urgent extended scope. The recent Australian Senate's report of its inquiry in to state/territory assisted travel schemes for health consumers found that only a fraction of travel and accommodation costs were claimable. A more reasonable reimbursement scheme needs to be co-ordinated between the Commonwealth, State and Territory Governments. We suggest the Government follow up, and implement these recommendations, and then promote the Scheme adequately.

## **5. Community Infrastructure**

### *New Prison Facilities*

Indigenous health statistics exhibit the highest mortality and morbidity rates across all ethnicity groups (or sub cultures) within Australia. The

percentage of incarcerated Aborigines (particularly males) is higher than those who are non Aborigines. The new prison facilities within ACT will reflect this uneven bias and so it is with concern HCCA notes the deferral of the construction of a space set aside specifically for Indigenous detainees for 'spiritual reflection'. In conjunction, we support the implementation of the Winnunga Nimmityjah (Aboriginal Health Service) recommendations from its 2007 seminal report *'Developing a holistic model of health care delivery for Aboriginal and Torres Strait Islander inmates of the new Alexander Maconochie Correctional Centre in the ACT'*

### *Safety and Quality*

Accreditation services require an encompassing infrastructure to oversee administration, training and research facilities. At present accreditation has the potential to be a focal point to train health professionals to avoid adverse health incidents and to protect the rights of the health care consumer. There is currently disjunction between Federal and State/Territory applications and this needs centralised co-ordination.

### *Community NGO accommodation*

It is important to acknowledge the important role played by community based non Government organisations in delivering services to optimise the health and wellbeing of consumers within the ACT Community.

There is a paucity of suitable accommodation for such community based NGO's located in Canberra. There is corresponding difficulty in maintaining experienced staff because of disparity in income between the more highly remunerated public/private sectors and the financially constrained community sectors. The intensity of the work tends to result in burn out for many of those working with reduced resources at the 'coal face' of health care and consumer concerns. Considering the wage constraints and reliance on committed volunteer personnel, it is important that community sector organisations (and their dedicated people) are not ghettoised in peripherally located and sub-standard accommodation. It is also important for the public to feel drawn to their facilities that are physically comfortable and welcoming (and allow easy wheelchair access). HCCA therefore recommends a significant injection of funds towards subsidised high level accommodation and facilities for social service and 'not for profit' providers which value add 'social capital' in all spheres of public life. This will allow organisations to further their social service mandate, which ultimately alleviates negative social consequences which

impact exponentially on various economic levels of Government. Increased funding to community and health consumer services initially requires a financial outlay that eventually saves money for Government services and in particular for ACT Health. We understand that community consultation is underway for the allocation of former ACT school sites, and HCCA has diligently registered with the Territory and Municipal Services (TAMS) for new accommodation (but so have a large number of other organisations located within Canberra). We recommend that community based services are given priority in being allocated this public space, and that the buildings are duly refurbished and suitably subsidised.

### *NGO funding*

The reliance on volunteers for community organisations has a number of unintended consequences. Quite often there are out of pocket expenses for volunteers because of red tape in applying for funding or reimbursement. Adequate funding is required for accommodation, training and attendance at meetings.

Paid employees are often encumbered with spending considerable time finding suitable volunteers rather than focussing on the raison d'etre of their organisation. We therefore advocate that increased funding be directed for administrative staff to oversee the important function of recruiting and co-ordinating the volunteer contingent of community health services.

### **Summary**

HCCA has reported health care consumer priority areas under Government responsibility that we consider need urgent funding and areas of health that are less urgent but none the less require improvement. We have grouped them in order of priority. HCCA considers primary health care the foundation of all health services. Should you get the mix of these services well balanced then the positive ripple effect for improved overall health benefits will advance social capital and ultimately result in financial savings for the ACT Government.

